

EASTERN MICHIGAN UNIVERSITY  
**Undergraduate Research Stimulus Program, Academic Affairs**  
 Application

	Name	EID#	Email	Phone
Student Applicant				
Faculty Mentor				

• Student Major: \_\_\_\_\_

• Department(s)/School(s): \_\_\_\_\_

• Anticipated graduation date: \_\_\_\_\_

*(note: a student is ineligible for the URSP if he/she will graduate before the end of the award period)*

• Faculty Mentor Campus Address: \_\_\_\_\_

• Title of Project: \_\_\_\_\_

\_\_\_\_\_

• Semester for which award is requested? \_\_\_\_\_

• Anticipated Completion Date: \_\_\_\_\_

• Should other sources of funding exist for this project, please describe nature and purpose of those funds:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• What is/are the anticipated venue(s) for dissemination of the student's research results?

\_\_\_\_\_  
 \_\_\_\_\_

---

**Signatures:**

Student: \_\_\_\_\_ Faculty Mentor: \_\_\_\_\_

Faculty Member's Dept. Head/School Director: \_\_\_\_\_